

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**09/890799**  
APPLICANT(S)

FILED DATE

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						
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49							
50							
TOTAL IND.	3	1					
TOTAL DEP.	13	13					
TOTAL CLAIMS	16	14					
51							
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